

558M11: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 12 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0460-
Date: 5-23-17
Amount Paid: \$755-12-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER									
Owner's Name:		Anthony R. Cook				Mailing Address:		City/State/Zip:	Telephone:								
Address of Property:		64050 County Hwy A				City/State/Zip:		Cell Phone:	Plumber Phone:								
Contractor:						Contractor Phone:		Plumber:	Plumber Phone:								
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Robert J. Cook				Agent Phone:		Agent Mailing Address (Include City/State/Zip):	Written Authorization Attached								
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)									
SW 1/4, SW 1/4		Gov't Lot				Lot(s)		GSM		Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:		Lot Size	Acreage	
Section 31, Township 47 N, Range 8 W		Town of:				Ken River				Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →				Distance Structure is from Shoreline: feet				Distance Structure is from Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> Non Shoreland																	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Re-use old shed	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 24'	Height: 12'
Proposed Construction:	Length: 24'	Width: 24'	Height: 12'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()	
	with Loft	()	()	
	with a Porch	()	()	
	with (2nd) Porch	()	()	
	with a Deck	()	()	
	with (2nd) Deck	()	()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()	
	Mobile Home (manufactured date)	()	()	
	Addition/Alteration (specify)	()	()	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify)	Studio - Storage	(24 x 24)	576
	Accessory Building Addition/Alteration (specify)		()	
	Special Use: (explain)		()	
	Conditional Use: (explain)		()	
	Other: (explain)		()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Robert J. Cook Date 5-12-17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____ Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

or sketch your property (regardless of what you are applying for)

- Proposed Construction
- Location of: Show / Indicate: North (N) on Plot Plan
- Show location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- Show: All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	180' Feet
Setback from the Established Right-of-Way	250' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	15' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	10'5" Feet	Setback from Wetland	Feet
Setback from the West Lot Line	250' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	180' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	28' Feet	Setback to Well	50' Feet
Setback to Drain Field	20' Feet		

Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

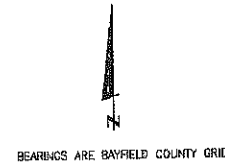
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0160		Permit Date: 5-23-17		
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record: Per R. Scherman, Director of Inspections, 1300 S. 1st St., Suite 100, Lincoln, NE 68502. The subject property is a 1.3 acre lot. The area conforming to the 1.3 acre lot is 1.3 acres. The area not conforming to the 1.3 acre lot is 0.7 acres. The area not conforming to the 1.3 acre lot is 0.7 acres. The area not conforming to the 1.3 acre lot is 0.7 acres.		Zoning District: (R-1)		
Date of Inspection: 5-22-17		Inspected by: J. M. M. M.		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Bureau staff not BE used for house foundation for septic purposes. No indoor plumbing fixtures w/ connection to pressurized water source unless approved connection to points.				
Signature of Inspector:		Date of Approval: 5-23-17		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

PLS 1276

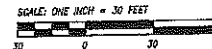
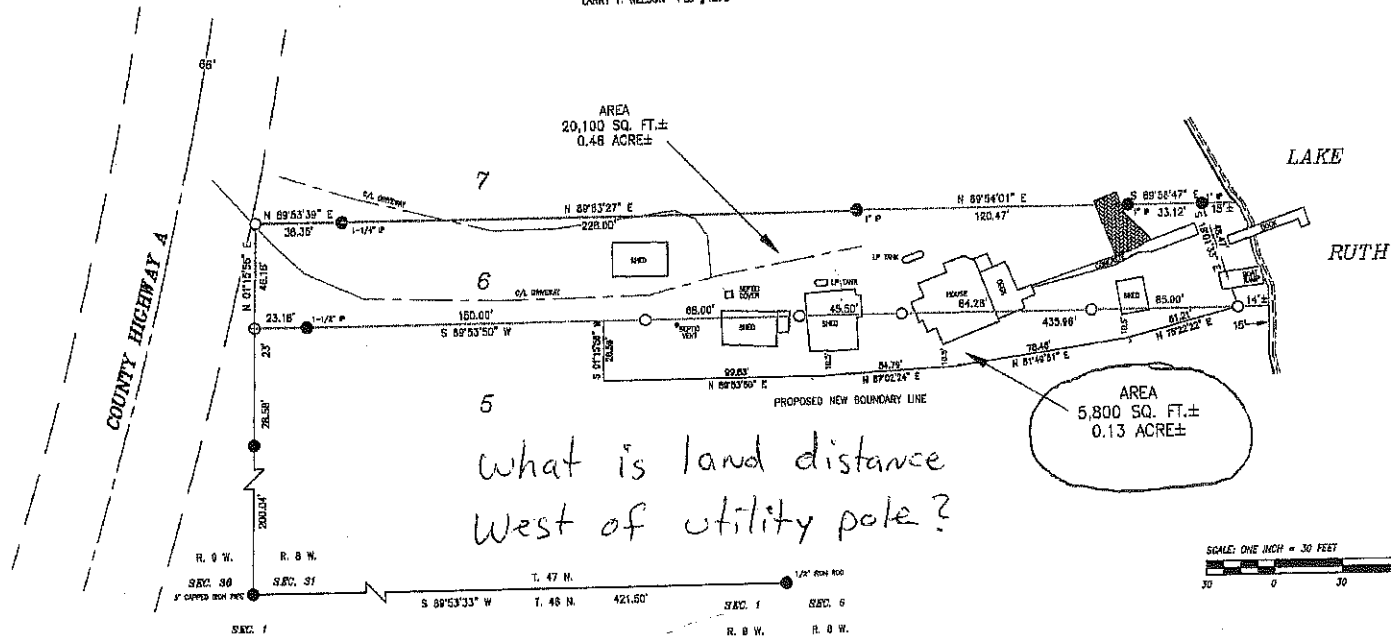
MAP OF SURVEY MAP # 4813

LOT 6 OF THE ASSESSOR'S PLAT IN THE S 1/2 OF THE SW 1/4 OF SECTION 31, T. 47 N., R. 8 W., IN THE TOWN OF IRON RIVER, BAYFIELD COUNTY, WISCONSIN, AS RECORDED IN DRAWER 3 ON SHEET 4 IN THE BAYFIELD COUNTY REGISTER OF DEEDS OFFICE.



SURVEYOR'S CERTIFICATE
 I, LARRY T. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:
 THAT ON THE ORDER OF ANTHONY COOK, I HAVE SURVEYED AND MAPPED LOT 6 OF AN ASSESSOR'S PLAT OF THE S 1/2 OF THE SW 1/4 OF SECTION 31, T. 47 N., R. 8 W., IN THE TOWN OF IRON RIVER, BAYFIELD COUNTY, WISCONSIN, AS RECORDED IN DRAWER 3 ON SHEET 4 IN THE BAYFIELD COUNTY REGISTER OF DEEDS OFFICE.
 THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY;
 THAT I HAVE FULLY COMPLIED WITH CHAPTER A-57 OF THE WISCONSIN ADMINISTRATIVE CODE IN MAKING SAID SURVEY AND MAP; AND
 THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

LARRY T. NELSON PLS #1276



LEGEND
 ● MONUMENT FOUND, AS NOTED
 ○ 1" X 10" IRON PIPE SET THIS SURVEY
 PIPE DIMENSIONS ARE OUTSIDE DIAMETER

IP - IRON PIPE

CLIENT: COOK, A.
 JOB NO. 116/132
 FILE: 11/17/13/132
 DRAFTED BY: J.M.D.
 AUGUST 31, 2018
 H&L 408 P. 76

SCALE: ONE INCH = 30 FEET
 FILE: 11/17/13/132
 PSW/M/16.132 ACAD/11/16/132 COOK
 REVISED: OCTOBER 26, 2018 LAND EXCHANGE

NELSON SURVEYING INCORPORATED
 SURVEYING YOUR MIND OF THE WORDS SINCE 1954

101 N. MAIN STREET
 SUITE 100
 ASHLAND, WISCONSIN 54806
 (715) 682-3662
 FAX: (715) 682-3100
 MAP NO. 4813

all
 Agree to this map.
 Is this a quick claim?
 Erickson property deed will have to be updated - as will my property deed
 All @ my cost + recorded @ County

Village, State or Federal
May Also Be Required

AND USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0160** Issued To: **Anthony Cook & Leanne Moehle / Robert Cook, Agent**

Par in
Location: **SW** ¼ of **SW** ¼ Section **31** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Studio (24' x 24') = 576 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and/or sleeping purposes. No indoor plumbing fixtures with connection to pressurized water source unless approved connection to POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 23, 2017

Date

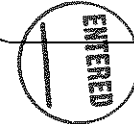
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Conversion Garage to Residence

\$250.00
50.00

INSTRUCTIONS: No permits will be issued until all fees are paid.
Check and make payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
APR 13 2017



Permit #:	17-D168
Date:	5-24-17
Amount Paid:	250.00 - \$100
Reconnect	
Refund:	

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER								
Owner's Name: GREGORY DOLSEU	Mailing Address: 6922 E. CO. RD B	City/State/Zip: SOUTH RANGE, WI 54874	Telephone:					
Address of Property: 64140 S. CO RD A	City/State/Zip: CD Hwy A	IRON RIVER, WI 54847	Cell Phone: 715 811 3778					
Contractor: SELF	Contractor Phone: BLAKEMAN PLB/H79	Plumber Phone: 715 682 6050	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):						
PROJECT LOCATION: SW 1/4, SW 1/4	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): 19934	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R. 567137					
Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size: 248' x 150'	Acreage:
Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue <input checked="" type="checkbox"/>		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Non-Shoreland <input type="checkbox"/>		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Value at Time of Completion include donated time & material: \$98,000	Project and/or basement	Use	# of Stories and/or basement	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input checked="" type="checkbox"/> Conversion	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	<input checked="" type="checkbox"/> Specify Type: SEPTIC TANK	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 30' Width: 24' Height: 8'

Proposed Construction: Length: 42' Width: 34' Height: 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	124' x 30'	780
<input checked="" type="checkbox"/> Residential Use	with Loft	124' x 24'	1,008
<input checked="" type="checkbox"/> Rec'd for Issuance	with a Porch	110' x 42'	420
	with (2nd) Porch	112' x 24'	1008
	with a Deck		
	with (2nd) Deck		
<input type="checkbox"/> Commercial Use	with Attached Garage		
<input type="checkbox"/> Secretarial Staff	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
	Special Use: (explain)		
	Conditional Use: (explain)		
	Other: (explain)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): GREGORY S. DOLSEU, DANA E. DOLSEU, CONRAD A. DOLSEU
(If there are multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4-18-17

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

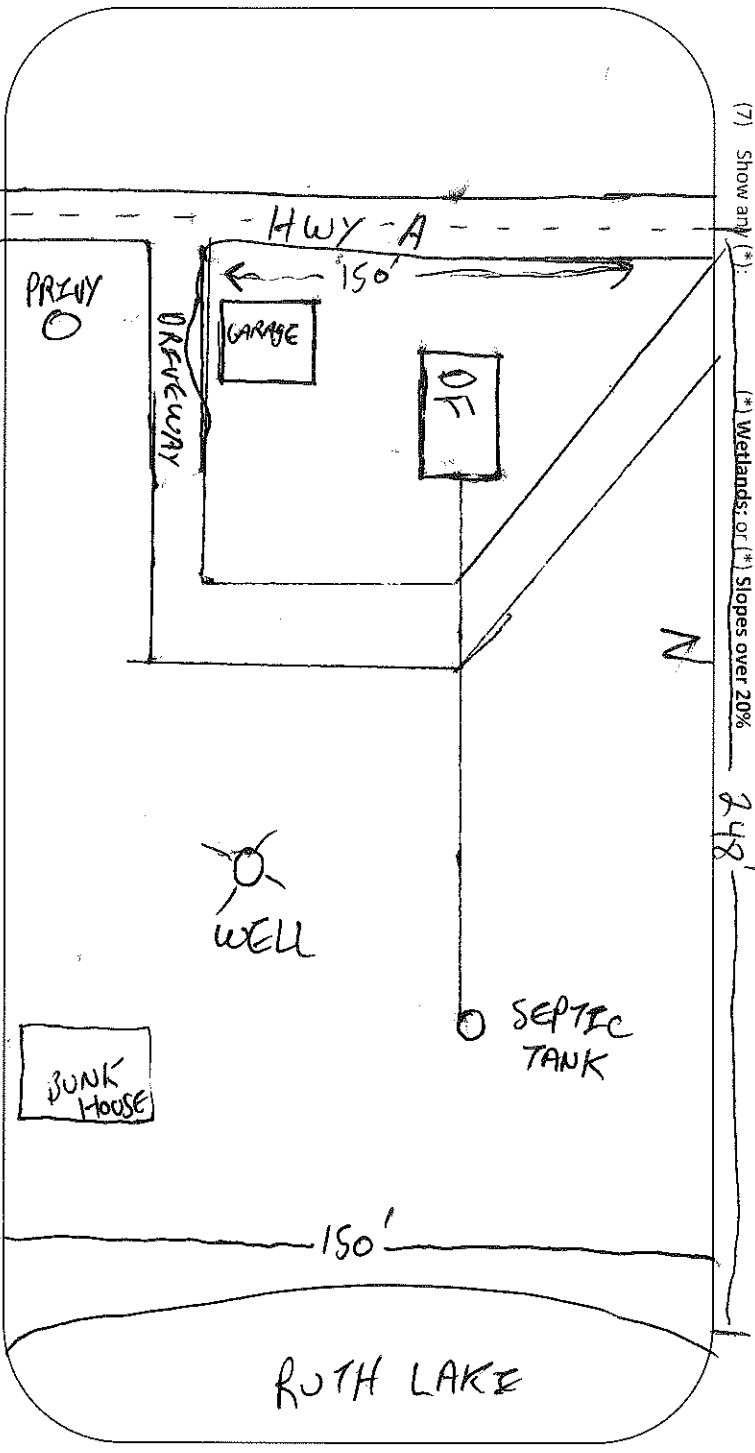
Date

Address to send permit 6922 E. CO. RD B SOUTH RANGE, WI 54874

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

1
ENTER below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	78 Feet	Setback from the Lake (ordinary high-water mark)	125 Feet
Setback from the Established Right-of-Way	49 Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	64 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	52 Feet	Setback from Wetland	
Setback from the West Lot Line	45 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	125 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	30 Feet
Setback to Drain Field	25 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

april 19, 2015 **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 235 448 # of bedrooms: Sanitary Date: 5-25-95

Permit Denied (Date): Reason for Denial:

Permit #: 17-0165 Permit Date: 5-24-17

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Inspection Record:

Date of inspection: 5-9-17 Inspected by: J. C. MURPHY

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☒ No - (If No they need to be attached.)

Additional note: not county highway set backs. we permit + inspections required from town contracted w/c inspector

Signature of Inspector: Date of Approval: 5-24-17

Hold For Sanitary: ☐ Hold For TBA: ☐ Hold For Affidavit: ☐ Hold For Fees: ☐ ☐ ☐

7/20/2015
6:25 PM

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – Reconnect 235448
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **17-0165** Issued To: **Gregory & Elizabeth Dolsen**

Par in

Location: **SW** ¼ of **SW** ¼ Section **31** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use: [1- Story; Conversion to Residence (30' x 24') = 720 sq. ft.; Porch (12' x 24') = 288 sq. ft.]**
Total Overall = 1,008 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Addition must meet County Highway setback. UDC permit and inspections required from Town contracted UDC inspector. Connection shall be consistent with State Code including depth of bury, insulation, and piping material.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 24, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
ENTERED
MAR 24 2017
Bayfield Co. Zoning Dept

Permit #: 17-074
Date: 5-30-17
Amount Paid: \$75,324.17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Jettrey V and Patty A Anderson		Mailing Address: 11177 Havendale Ave		City/State/Zip: Sparta, WI 54656		Telephone: 608-269-5369		Cell Phone: 608-326-1283		Plumber Phone: N/A		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address of Property: 64890 W. Crooked Lake Rd		City/State/Zip: Iron River, WI 54847		Contractor Phone: 715-372-5341		Plumber: N/A		Agent Mailing Address (include City/State/Zip): N/A		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2014 536180		1053-5335	
Contractor: Concrete; Ray's Masonry Construction & mfg self		Agent Phone: N/A		Agent Mailing Address (include City/State/Zip): N/A		Subdivision: N/A		Lot Size: 366' x 662'		Acreage: 5.040		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A		PROJECT LOCATION: P. 535		Legal Description: (Use Tax Statement) P. 535		Tax ID# (4-5 digits) 20098		PROJECT LOCATION: P. 535		Legal Description: (Use Tax Statement) P. 535		Tax ID# (4-5 digits) 20098	
PROJECT LOCATION: P. 535		Gov't Lot: 1		Lot(s): N/A		CSM: N/A		Vol & Page: 4.1053		Lot(s) No.: N/A		Block(s) No.: N/A	
Section 35, Township 47 N, Range 08 W		Township of: Iron River		Distance Structure is from Shoreline: N/A feet		Distance Structure is from Shoreline: 250' feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of floodplain? If yes—continue →		Distance Structure is from Shoreline: N/A feet		Distance Structure is from Shoreline: 250' feet		Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland													

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	
\$20,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Garage	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic Tank</u>	<input type="checkbox"/>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> No Heat	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Accessory Building	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> No Water	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>	
Existing Structure: (if permit being applied for is relevant to it) Building concrete slab							
Proposed Construction:		Length: N/A		Width: N/A		Height: N/A	
		Length: 30'		Width: 30'		Height: 24'	

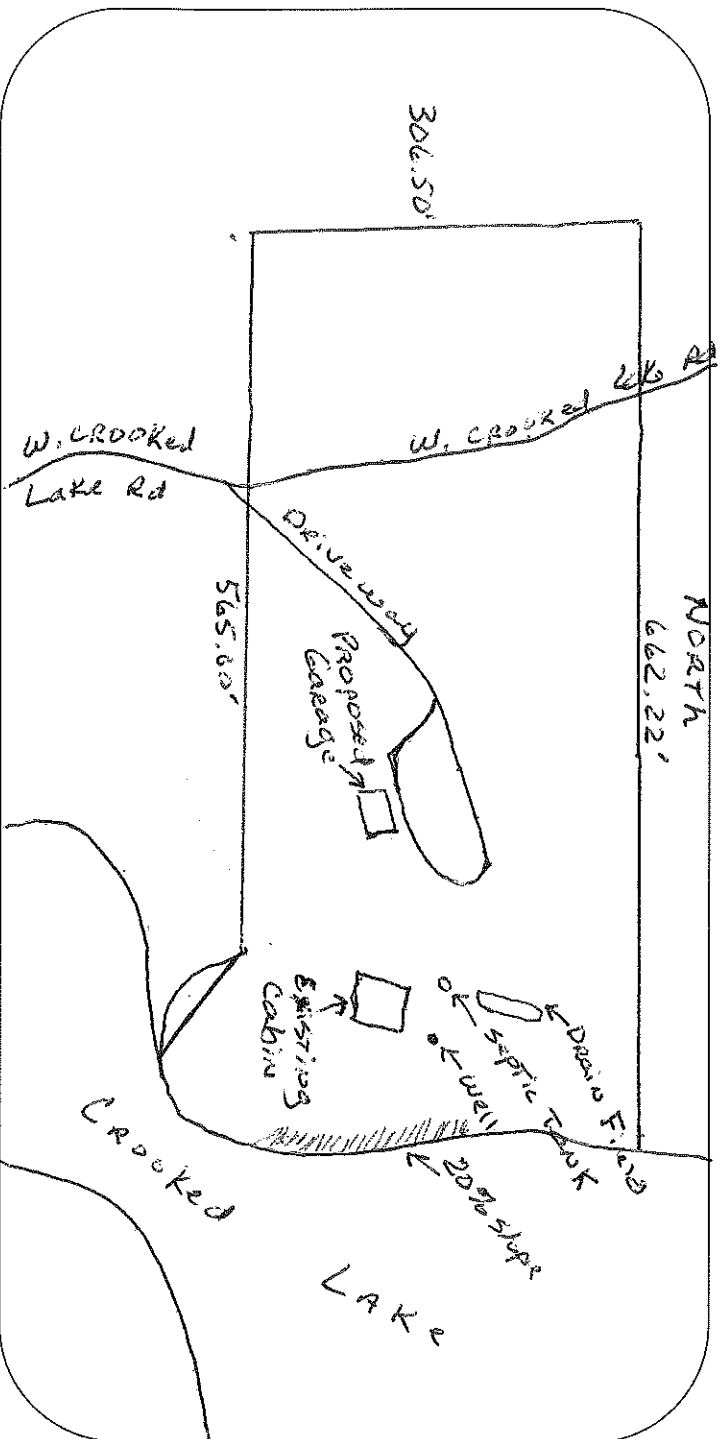
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> with Loft	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	()	()
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	<input type="checkbox"/> with (2nd) Deck	()	()
<input type="checkbox"/> with (2nd) Deck	<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	()	()
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify)	()	()
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain)	()	()
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	<input type="checkbox"/>	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jettrey V Anderson, Patty A Anderson
(If there are multiple owners, all owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Jettrey V Anderson
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: Jettrey Anderson 11177 Havendale Ave Sparta, WI 54656
Date: 3-21-17
Date: 3-28-17
Attach Copy of Tax Statement
If you received the property send your Recorded Deed

boxed below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on Your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	270 Feet	Setback from the Lake (ordinary high water mark)	250 Feet
Setback from the Established Right-of-Way	255 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	190 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	86 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	415 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	217 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	155 Feet	Setback to Well	175 Feet
Setback to Drain Field	170 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

2009 Sept 9: Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 467181	# of bedrooms: 4	Sanitary Date: 4-4-05				
Permit Denied (Date):		Reason for Denial:						
Permit #: 17-0124	Permit Date: 5-30-12	Fees less than 15%						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: Illegal parcel - divided on waterway w/o CSM. Located for CSM to be needed.	Zoning District (R-1)			Lakes Classification (3)				
Date of Inspection: 4-5-12	Inspected by: Jacobson Property	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)								
Building shall not be used for habitation or sleeping purposes + shall not contain indoor plumbing fixtures								
Signature of Inspector: Connected to								
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 4-1-12				

permitted water

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0174** Issued To: **Jefferey & Patty Anderson**

Location: - ¼ of - ¼ Section **35** Township **47** N. Range **8** W. Town of **Iron River**

Par in

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1.5- Story; Garage (30' x 30') = 1,560 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for habitation or sleeping purposes and shall not contain indoor plumbing fixtures connected to pressurized water.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 30, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
APR 04 2017
Bayfield Co. Zoning Dept

ENTERED
Permit #: 17-0177
Date: 5-31-17
Amount Paid: 175.00
Refund: 410-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →	<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input checked="" type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Matny Construction Company			Mailing Address:	PD Box 189	City/State/Zip:	Dnalska, WI 54880
Address of Property:	Crooked Lake Road			City/State/Zip:	Bayfield County, WI	Telephone:	715-492-0005
Contractor:	Milestone Materials			Contractor Phone:	715-492-0005	Plumber:	—
Authorized Agent: (Person signing Application on behalf of Owner(s))	Perry Atterholt			Agent Phone:	715-492-0005	Agent Mailing Address (include City/State/Zip):	PD Box 189, Dnalska, WI 54880
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PM# (23 digits)	20187	Recorded Document (i.e. Property Ownership)	Volume 1030	Page(s)	530
SW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 36, Township 47 N, Range 8 W							Town of: Iron River
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet					
<input checked="" type="checkbox"/> Non-Shoreland							

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ N/A	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Gravel pit	<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

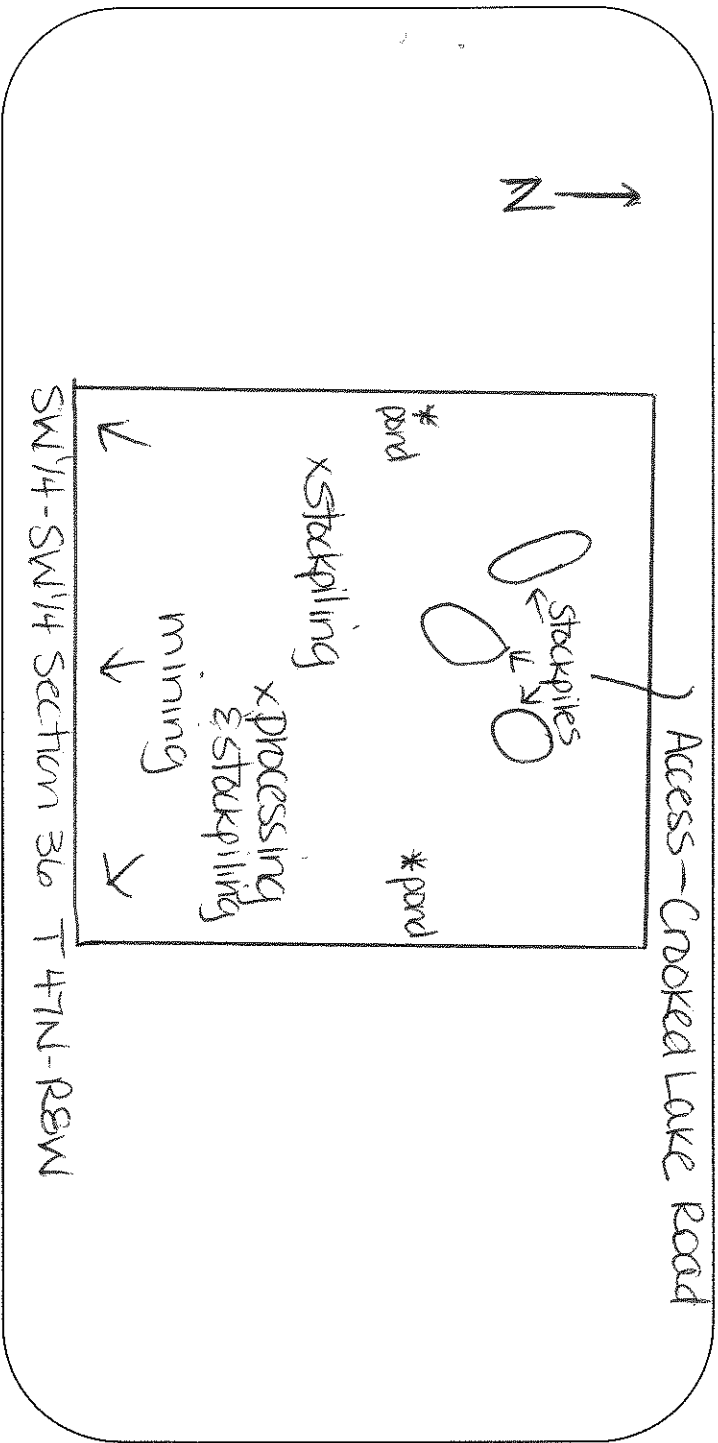
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/> with Loft	() X ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Porch	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
	<input type="checkbox"/> with (2 nd) Deck with Attached Garage	() X ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X ()	
	<input type="checkbox"/> Mobile Home (manufactured date)	() X ()	
	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	
	<input checked="" type="checkbox"/> Accessory Building (specify) _____	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	
	<input type="checkbox"/> Special Use: (explain) _____	() X ()	
	<input checked="" type="checkbox"/> Conditional Use: (explain) gravel pit & temporary asphalt pit	() X ()	N/A
	<input type="checkbox"/> Other: (explain) _____	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Matny Construction Company
(If there are Multiple Owners, please attach a letter of authorization must accompany this application)
Authorized Agent: [Signature]
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: PO Box 189, Dnalska, WI 54880
Date: 3/29/2017
Attach: Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan -
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) -
(4) Show: All Existing Structures on your Property -
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **State or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0177		Permit Date: 5-31-12		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous lots)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Lines Represented by Owner	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: I DID NOT REVIEW THIS APPLICATION		Zoning District (F-1)		
Date of Inspection: DEB KMETZ DID SSC-W		Lakes Classification (N/A)		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)		Date of Approval: 5-31-12		
PER D KMETZ REVIEW, L U CONSTRUCTION		Date of Re-Inspection: N/A		
INSPECTION/RECEIVED, + P + Z COMMITTEE REVIEW + CONDITIONS				
Signature of Inspector: [Signature]		Date of Approval: 5-31-12		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/> Received	Hold For Fees: <input type="checkbox"/>	Notes: [Signature]

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –

SIGN –

SPECIAL –

CONDITIONAL – ZC 5/18/2017

BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0177** Issued To: **Mathy Construction Co**

Location: **SW** ¼ of **SW** ¼ Section **36** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Commercial Other: [Non-Metallic Mine (Gravel Pit & Temporary Asphalt Plant)]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per Deb Kmetz review, Land & Water Conservation inspection / reclamation plan, & Planning
& Zoning Committee review & conditions. Committee Condition: 10-year duration, expires
May 31, 2027.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 31, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)
RECD 5-31-17 OFFICER
CENTERED
HKS

Permit #:	17-0187
Date:	5-31-17
Amount Paid:	\$75 55-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER											
Owner's Name:		MAILING ADDRESS:			CITY/STATE/ZIP:		TELEPHONE:				
ROBBIE JOHNSON JULIANNE		67660 Cty Hwy H.			IRON RIVER WI 54847		715 372-5910				
Address of Property:		CITY/STATE/ZIP:			IRON RIVER, WI 54847		Cell Phone:				
67660 Cty. Hwy H.							218 590-5910				
Contractor:		Contractor Phone:			Plumber:		Plumber Phone:				
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:			Agent Mailing Address (include City/State/Zip):		Written Authorization Attached				
							<input type="checkbox"/> Yes <input type="checkbox"/> No				
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #:			
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page			
				3		710					
Section 17, Township 47 N, Range 8 W		Town of:		IRON RIVER		Lot Size		Acreage			
								1.88			
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->			Distance Structure is from Shoreline: feet			Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->			Distance Structure is from Shoreline: feet			150			

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 25,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>SEPTIC</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 40	Height: 20
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Rec'd for Issuance	Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	(X)	
MAY 31 2017	Accessory Building Addition/Alteration (specify)	(X)	
Secretarial Staff	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain) GARAGE	(40 X 40)	1600

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robbie Johnson Julianne Johnson Heidi Johnson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

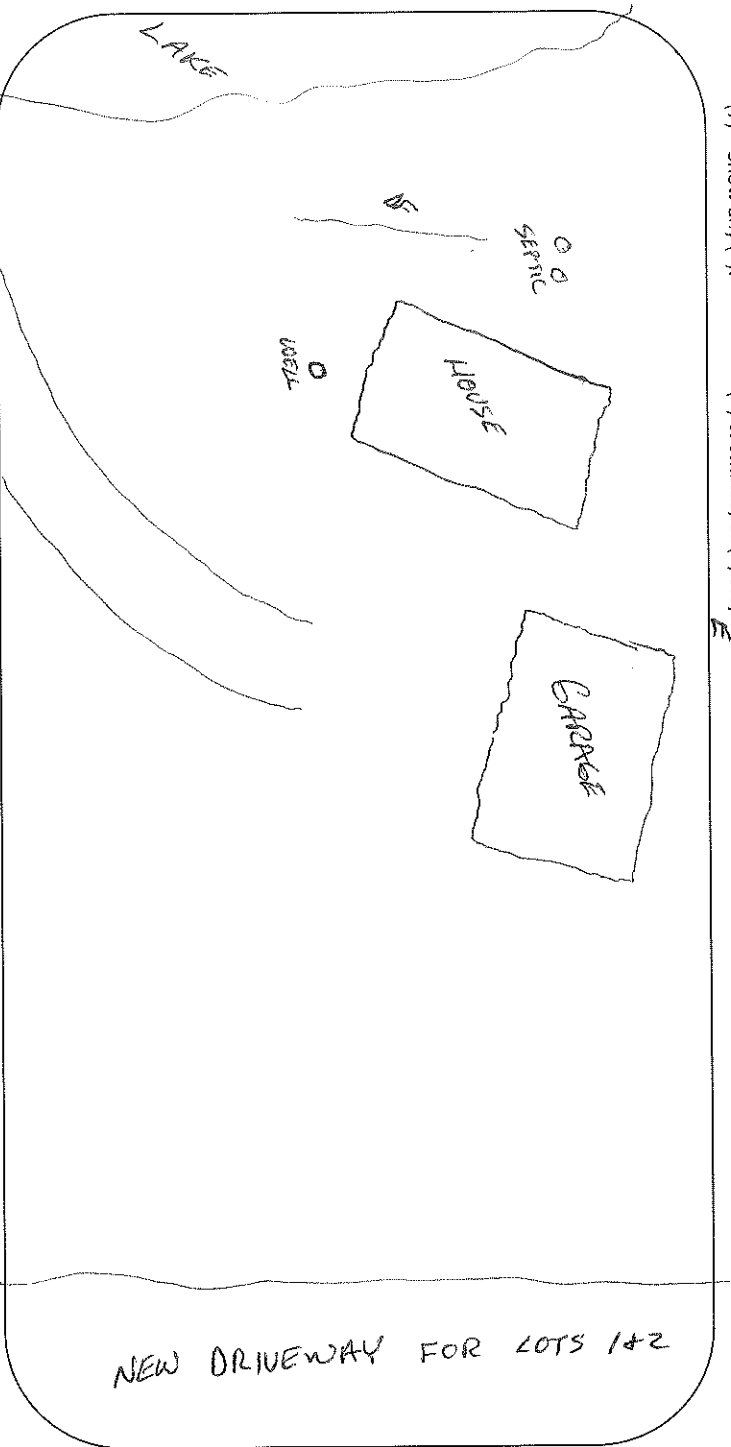
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 67660 Cty Hwy H. Iron River, WI 54847

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

WEST

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	175 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	175 Feet		
Setback from the South Lot Line	180 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	75 Feet
Setback to Drain Field	125 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>17-0187</u>		Permit Date: <u>5-31-17</u>		Per-Ins Fee: <u>15%</u>	
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input type="checkbox"/> (Deed of Record)	<input type="checkbox"/> No		
Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input type="checkbox"/> (Fused/Contiguous Lot(s))	<input type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Location exposed (for build) in scene			
Date of Inspection: <u>5-9-17</u>		Inspected by: <u>J. Murphy</u>		Zoning District (R-1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)		Date of Re-Inspection:			
Signature of Inspector:		Building shall not be used for human habitation or sleeping purposes			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____	
Date of Approval: <u>5-10-17</u>					

City, village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0187** Issued To: **Robbie & Julianne Johnson**

Location: - ¼ of - ¼ Section **17** Township **47** N. Range **8** W. Town of **Iron River**

Gov't Lot Lot **3** Block Subdivision CSM# **710**

For: **Residential Accessory Structure: [1- Story; Garage (40' x 40') = 1,600 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 31, 2017

Date